

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

15 100
(C)
1 1 1
Production of the second
*12 44 <sup>2</sup>
MILCON.
In all straight
service toricles
thought majority
religid thing!
milita Paranti
through a far and
raches .
for lough
1 1 1 1
31 7 1 1
1, 121
3" 3""1 "-21
THE STREET
ALTO ALTO
. 111
The same of the sa
1000
Transpired and a second
William College

File with: City or Town Clerk or Election Commission Feb 15, 2018 Fill in Reporting Period dates: Beginning Date: Jan 1, 2018 **Ending Date:** Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report X dissolution Jennifer Page Jennifer Page Committee Candidate Full Name (if applicable) Committee Name School Committee Shing-fa Shiao Office Sought and District Name of Committee Treasurer 291 Potwine Ln, Amherst, MA 01002 24 Potwine Ln, Amherst, MA 01002 Residential Address Committee Mailing Address E-mail: E-mail: Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 25.14 Line 2: Total receipts this period (page 3, line 11) 0 Line 3: Subtotal (line 1 plus line 2) 25.14 **Line 4:** Total expenditures this period (page 5, line 14) 25.14 **Line 5:** Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Florence Bank Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: 2/12/18 Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature)



# Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

of Massachusetts  File with: City or Town Clerk or Election Commission		The state of the s
Report Being Amended: Year: 2017 Reporting Period:	Beginning Date: Apr 18, 2017 Ending Date:	Day 21, 2013
8th day preceding preliminary 8th day preceding electio		Dec 31, 201
Jennifer S. Page	Jennifer Page Committee	
Candidate Full Name (if applicable) 291 Potwine Ln, Amherst, MA 01002	Committee Name	
Residential Address	Shing-fa Shiao  Name of Committee Treasurer	
Office Sought and District	24 Potwine Ln, Amherst, MA 01002  Committee Mailing Address	
E-mail:	E-mail:	
hone # (optional):	Phone # (optional):	
Line 1: Ending Balance from previous re Line 2: Total receipts this period Line 3: Subtotal Line 4: Total expenditures this period Line 5: Ending Balance Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: Florence is coriginal filing of the above-referenced campaign finance report is	259.03  259.03  259.03  233.89  25.14  eriod  0  0  Bank  being amended for the following reason(s):	
Ending balance from previous report	was Eucovect, la	

Signed under the penalties of perjury:

Signed under the penalties of perjury:

Date: 2/18/18



Signed under the penalties of perjury:

### Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

1, 11	
January 1	177001
Takini	in the
trita"	1.4
mains Angen	retial.
58+ maj	1
150000	1774.
( Mari	afred)
111	louds
Milita	10,04
Printer.	Part and
2000	4.5
4.00	10,00
4-1-4	100000

Date: 2/12/18

Commonwealth	campaign and Fontical Finance	Employed and the control of the cont
of Massachusetts File with: City or Town Clerk or Election Commission		The second secon
	Beginning Date: Jan 1, 2017 Ending Date:	Mar 10, 2017
Report Being Amended: Year: 2017 Reporting Period	Beginning Date: Jan 1, 2017 Ending Date:	17101 1,9 <sub>21</sub> 2017
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report	dissolution
Jennifer S. Page	Jennifer Page Committee	
Candidate Full Name (if applicable)	Committee Name	
291 Potwine Ln, Amherst, MA 01002	Bonnie MacCracken  Name of Committee Treasurer	
Residential Address School Committee	8 Chadwick Ct, Amherst, MA 01002	
Office Sought and District	Committee Mailing Address	
E-mail: 1enni fer Dage anniversta a mail com	E-mail:	
Phone # (optional): 413-654-0635	Phone # (optional):	
SUMMARY BA	ALANCE INFORMATION:	
Line 1: Ending Balance from previous	s report0	
Line 2: Total receipts this period	4,436.7	
Line 3: Subtotal	4,436.7	
Line 4: Total expenditures this period	1,235.72	
Line 5: Ending Balance	3,300.98	
Line 6: Total in-kind contributions thi	is period 456.98	
Line 7: Total (all) outstanding liabiliti		
Line 8: Name of bank(s) used: Florer	nce Bank	
The original filing of the above-referenced campaign finance report	rt is being amended for the following reason(s):	
Roccipts were over-stated by &	8227,57.	
C I Athan Do In	111 FA	
Expenses were under-Stated by \$	59.59.	
Signed under the penalties of periury:	Signed under the penalties of perjury:	

(Treasurer's signature)



## Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town	Clerk or Election Co	ommission					Treat is
Report Being Ame			<b>.</b>		Ylarl		April7
,	rear;	2017	Reporting Period:	Begi	nning Date: Jan 1, 2017	Ending Date:	Mar 10, 2017
8th day preceding	ng preliminary	8th da	y preceding election	$\times$	30 day after election	year-end report	dissolution
Jennifer S. Page					Jennifer Page Committe	•	
2017	Candidate Full Nan	ne (if applicable	e)	-  -	reminer rage committee	Committee Name	
291 Potwine Ln, An					Shing-fa Shiao	Committee Ivaille	
School Committee	Residential	Address			Nar	ne of Committee Treasurer	
Silver Committee	Office Sought	and District		$-  ^{2}$	4 Potwine Ln, Amherst		
E-mail: Jenni Fe	Pacam	erst Da	mail am		Co -mail:	mmittee Mailing Address	
Phone # (optional):	1 9 412	-654-0	635	-	none # (optional):		
		S	SUMMARY BAL	ANCI	E INFORMATION:		
	Line 1: E		ce from previous rep			2 200 00	
	1	otal receipts	-			3,300.98	
	Line 3: S		•			782.99	
	Line 4: To	otal expendi	tures this period		-	4,083.97	
	1	nding Balan	· ·			3,824.94	
						259.03	
,			contributions this per	riod		342.61	
			standing liabilities			149.77	
			(s) used: Florence B				
The original filing of t	he above-referer	iced campai	gn finance report is t	peing a	mended for the following	ng reason(s):	
Receipts u	the one	1-state	d ly \$7.	01	•		
Receipts u Eggenses we	re over	- State	by \$381	29	4		
·			0				
ned under the penalties o	f perjury:			Sig	ned under the penalties of p	eriury:	
Dente Or	28 n				,	anganty:	
(Candidate's signature)	X		2/10/10		25		
Juliudic's signature)		Da	te: 2/2/18	(	Treasurer's signature)		to 2/12/15

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. Please include your committee name and a page number on each page.)  Name and Residential Address  Occupation & Employer						
		Amount	(for contributions of \$200 or more)			
O. T. ( I D. )	050 ( 11 ) 1 )					
ine 9: Total Recei	ots over \$50 (or listed above)					
ing 10: Total Dane	nta \$50 and undan* (n=4 l'=4 = 4 = 1 = )					
me 10. Total Kecel	pts \$50 and under* (not listed above)					
ine 11: TOTAL D	ECEIPTS IN THE PERIOD					
fyou have itemized	ECEM IS IN THE LEMIOD	V	← Enter on page 1, line 2			

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE A: RECEIPTS (continued)**

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	-		
		] [	
		] [	
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	[2	← Enter on page 1, line 2
			Id include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	w page number of	enem pugei)	Τ
<b>Date Paid</b>	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			Turpose of Expenditure	Amount
	Crocker Farm Parent Guardian	280 West St, Amherst, MA	Donation to 501(c)(3) to close	25.4
	Organization	01002	accont.	25.1
			] [	
ll.				
	1	Line 12: Total Expenditures ove	er \$50 (or listed above)	25.4
	<u> </u>	12. Total Expellatures ove	a \$50 (or fisted above)	25.14
	1	Line 13: Total Expenditures \$50	and under* (not listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	25.14
vou have itemi	zed expenditures of \$50 and under	include them in line 12. Line 13 sho		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 12: Eyeanditus- 050 - 1	ndou't (not 1:-1-1-1	
		Line 13: Expenditures \$50 and u	nder <sup>+</sup> (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	0
TC 1 '1	· 1	include them in line 12. Line 13 sh		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO		0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0